

Barbara Campbell
National Stage Processing
(703) 305-3631

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/380312	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	/		/				53					
4	/		/				54					
5	/		/				55					
6	/		/				56					
7		6		1			57					
8	/		/				58					
9	/		/				59					
10	/		/				60					
11				1			61					
12				1			62					
13				1			63					
14				1			64					
15				1			65					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			9				TOTAL IND.					
TOTAL DEP.		6	6				TOTAL DEP.					
TOTAL CLAIMS			15				TOTAL CLAIMS					